COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
COMMITTEE REPORT
1350 Pennsylvania Avenue, NW, Washington, D.C. 20004

TO: Members of the Council of the District of Columbia

FROM: Christina Henderson, Chairperson
Committee on Health

DATE: September 26, 2023

SUBJECT: B25-0312 Health Professional Licensing Boards Residency Requirement Amendment Act of 2023

The Committee on Health, to which B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023" was referred, reports favorably and recommends approval by the Council of the District of Columbia.

CONTENTS

I. BACKGROUND AND NEED

Bill 25-0312, the Health Professional Licensing Board Residency Requirement Amendment Act of 2023, was introduced by Councilmembers Christina Henderson and Zachary Parker on June 2, 2023. The bill is intended to address the high number of vacancies within the Health Professional Licensing Boards which are responsible for licensing and conducting disciplinary proceedings for the District's health workforce.

Currently, the D.C. Code requires that all members of Health Professional Licensing Boards administered by DC Health be residents of the District of Columbia. This requirement,

while laudable in spirit, has created challenges for the District to fill all Board seats, particularly for Boards where a significant percentage of health professionals under their jurisdiction do not live in the District. The table below from DC Health's Fiscal Year 2022 Performance Oversight Post-Hearing Responses provides the percentages of health professionals under the 19 Health Professional Licensing Boards who live in the District. None of these Boards have more than 40% of its workforce who are residents, with one Board where only 8% of its health professionals are District residents. On average, only 19% of health professionals licensed under these Boards are District residents.

Percent of Licensees who are District Residents:

Health Professional Licensing Board	Percentage living in DC
Board of Audiology and Speech-Language Pathology	31%
Board of Chiropractic	23%
Board of Dentistry	26%
Board of Dietetics and Nutrition	20%
Board of Long-Term Care Administration	13%
Board of Marriage and Family Therapy	21%
Board of Massage Therapy	39%
Board of Medicine	24%
Board of Nursing	14%
Board of Occupational Therapy	20%
Board of Optometry	14%
Board of Pharmacy	15%
Board of Physical Therapy	30%
Board of Podiatry	8%
Board of Professional Counseling	29%
Board of Psychology	32%
Board of Respiratory Care	11%
Board of Social Work	26%
Board of Veterinary Medicine	31%
Average	**19%**

This has led to persistently high vacancy rates for many of the Boards. For example, as of August 2023, the Board of Medicine which has 15 seats, had 7 vacancies; the Board of Nursing which has 11 seats had 5 vacancies; and the Board of Psychology has 5 seats and 2 vacancies. It is even more difficult for Boards who have a small number of workforce licensed in the District. For example, of the 145 licensed podiatrists in the District, 8% (11 individuals) live in the District. Of the 232 optometrists licensed in the District, 14% (41 individuals) live in the District. And of the 187 marriage and family therapists, only 21% (39 individuals) live in the District. These are incredibly small pools of professionals from which to identify Board members. Board vacancies mean that less perspectives are considered for key licensing decisions, and high vacancies can slow down the issuance of health professional licenses and determinations based

on disciplinary investigations and hearings. DC Health provided the following chart of Board vacancies at the July 13, 2023 hearing:

Name	Vacancies	Consumer Vacancies	Professional Vacancies
Board of Audiology and Speech-Language Pathology	4	2	2
Board of Chiropractic	2	0	1
Board of Dentistry	2	0	2
Board of Dietetics & Nutrition	1	0	1
Board of Long-Term Care Administration	5	0	5
Board of Marriage and Family Therapy	3	1	2
Board of Massage Therapy	2	0	2
Board of Medicine	7	3	4
Board of Nursing	3	2	1
Board of Occupational Therapy	3	1	2
Board of Optometry	1	0	1
Board of Pharmacy	2	2	0
Board of Physical Therapy	3	1	2
Board of Podiatry	1	0	1
Board of Professional Counseling	4	1	3
Board of Psychology	2	0	2
Board of Respiratory Care	2	1	1
Board of Social Work	1	0	1
Board of Veterinary Medicine	0	0	0
Total	**48**	**14**	**33**

Committee Print

To address this persistent problem, this legislation would change the requirement to only require that 50% of seats held by professional members of Health Professional Licensing Boards be held by District residents. The Committee Print would not change the current requirement that all consumer members as well as the chairperson of the Board be District residents. The legislation would also require that all professional members be licensed for the health occupation regulated by the Board on which they serve and engaged in the practice of the health occupation in the District for at least 3 years preceding appointment. The Committee Print includes several additional eligibility criteria for non-District resident members to ensure the members' commitment to the health occupation and patients in the District. Specifically, the Print requires that members who are not District residents continue to actively practice the health occupation covered by the Board in the District while they are members of the Board. Responding to DC Health's testimony at the hearing, the Committee Print also requires that non-resident members

have a physical practice in the District where they practice at least 20 hours/week; and demonstrate that their practice is not primarily telehealth. Lastly, the Print requires that the Mayor's Office of Talent and Appointments verify on an annual basis that Board members meet the requirements under this legislation.

This Committee Print strikes the right balance of increasing the District's ability to recruit qualified health professionals serving District residents for our Health Professional Licensing Boards, while still ensuring that the majority of Board members are District residents and that all residents can illustrate their commitment to the health care services provided to District residents.

The Committee Print also includes a technical amendment from the DC Council Office of the General Counsel that permanently repeals the subject to appropriations provisions for the Opioid Litigation Proceeds Amendment Act of 2022. This was a clerical error and has no impact on the substance of the legislation.

II. LEGISLATIVE CHRONOLOGY

June 2, 2023	B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023" was introduced by Councilmembers Henderson and Parker.
June 6, 2023	B25-0312 was referred to the Committee on Health.
June 9, 2023	Notice of Intent to Act on B25-0312 was published in the *D.C. Register.*
June 14, 2023	Notice of Oversight Hearing filed in the Office of the Secretary.
June 16, 2023	Notice of Oversight Hearing Published in the *D.C. Register*.
July 13, 2023	Oversight Hearing on B25-0312.
September 11, 2023	Notice of Mark-up filed in the Office of the Secretary.
September 26, 2023	Committee Mark-up of B25-0312.

III. POSITION OF THE EXECUTIVE

The Committee held a public hearing on July 13, 2023, and received oral and written testimony from Aisha Nixon, Associate Director, Office of Health Professional Licensing Boards within the Health Regulation and Licensing Administration at DC Health. Ms. Nixon testified that over the last several years, DC Health has faced increased challenges filling Board seats due to an aging workforce and burnout in health professions. This has resulted in increased vacancies across the Boards. Ms. Nixon provided a chart in her written testimony (included in Section I of

this Report) illustrating that there are currently 48 vacancies across the Boards, out of a total of 119 seats. She testified that among those 48 vacancies, roughly a third have an identified nominee currently in the pipeline with the Mayor's Office of Talent and Appointments (MOTA). Ms. Nixon testified that just under 19% of licensees under the health professional boards are District residents, which presents a significant challenge to identifying and nominating board members.

Ms. Nixon provided several recommendations to amend the bill as introduced. First, DC Health prefers that the Mayor have more flexibility to allow for more than 50% of Board seats to be filled by non-residents. Second, DC Health suggested that non-resident Board members be required to have a physical practice or be employed physically in the District for at least 20 hours/week. Third, DC Health requested that the bill limit Board eligibility to not include professionals who are practicing primarily through telehealth appointments. Fourth, DC Health suggested there be a requirement for MOTA to audit non-residents annually to ensure they still meet the statutory requirements for membership.

IV. ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee did not receive comments from any Advisory Neighborhood Commission.

V. SUMMARY OF PUBLIC TESTIMONY

On July 13, 2023, the Committee on Health held a public hearing on B24-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023". A video recording of this public hearing can be viewed at https://dc.granicus.com/MediaPlayer.php?view_id=9&clip_id=8396. The following witnesses testified at the hearing or submitted written statements outside of the hearing to be included as part of the record:

Leah Castelaz, Children's Law Center testified in support of B25-312. Castelaz testified that allowing for non-residents to serve on Boards would reflect the reality of these professions and the diversity of people served. Castelaz suggested that Boards should do more strategic workforce development activities, including remediating obstacles to licensure. Castelaz also stated that DBH and DC Health should have a collaborative data collection approach and publish more data on the current workforce.

Melissa Millar, Tzedek DC testified on B25-312, recommending that the Committee amend the bill to remove barriers to health professional licensure related to debts owed to the District government.

Kurt Gallagher, DC Dental Society testified in support of B25-312 and suggested that the bill be expanded to require that a minimum threshold (such as 75%) of both District residents and non-residents serving on Boards should be required to be practicing health professionals. Gallagher testified that too many people are retired and that more members should have their finger on the pulse of the current profession. Gallagher also testified that there should be a maximum number of seats that can be held by professionals who are now working in academia.

Mark LeVota, District of Columbia Behavioral Health Association submitted written testimony for the record in support of B25-312. LeVota made several recommendations to amend the legislation as introduced, including (1) removing the residency requirement for any positions other than at least 50% of the health professional members, particularly positions for representatives of academia, legal service providers, or consumer advocacy groups; and (2) allowing for the possibility for native and other previously long-time Washingtonians to share that experience as part of their applications, even if they are not currently District residents.

VI. IMPACT ON EXISTING LAW

B25-0312 amends the District of Columbia Health Occupations Revision Act of 1985 by changing the requirement that all Health Professional Licensing Board members be District residents to instead requiring that at least 50% of Board positions designated for professional members be filled by District residents. The Committee Print does not change the requirement in existing law that all professional members of each Board be licensed for the health occupation regulated by the Board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment. The Committee Print does amend the law by requiring that Board members who are not District residents must also be engaged in the practice of that health occupation in the District while they are members of the Board, have a physical practice or be employed physically in the District for at least 20 hours per week, and demonstrate that their practice is not primarily telehealth. The Committee Print requires the Mayor's Office of Talent and Appointments to annually verify that Board members meet these requirements. The Committee Print does not change the requirement that consumer members and the Chairperson of the Board be District residents.

The Committee Print permanently repeals the subject to appropriations provision of the Opioid Litigation Proceeds Amendment Act of 2022.

VII. FISCAL IMPACT STATEMENT

Funds are sufficient in the fiscal year 2023 through fiscal year 2026 budget and financial plan to implement the bill. The bill does not have a cost to the District.

VIII. RACIAL EQUITY IMPACT ASSESSMENT

The attached September 26, 2023 racial equity impact assessment from the District's Council Office of Racial Equity states that Bill 24-0312 will have an inconclusive impact on the lives of Black, Indigenous, Latine and other residents of color. In the REIA, CORE notes that people of color are underrepresented in licensed health occupations, both nationally and in the District, due in part to a history of organized medicine and Boards denying licenses to Black health care professionals. CORE notes that while B25-0312 will likely decrease the number of vacancies on Health Licensing Boards, it is uncertain if this will decrease licensing delays or increase the number of health professionals in the District, or affect representation of Black, Indigenous, and Latine interests on Health Boards. If there was more conclusive data, CORE notes that increasing the share of Black health professionals would improve health outcomes for Black residents.

COMMITTEE RESPONSE

The Committee appreciates the racial equity impact assessment and agrees that there is insufficient data to conclude whether B25-0312 will increase representation of Black, Indigenous, and Latine health professionals broadly or as Board members. The Committee will ask for more data on race and ethnicity through its oversight function of DC Health and the Health Licensing Boards, so that in the future there is more robust data to understand the impact of similar legislation.

IX. SECTION BY SECTION ANALYSIS

Section 1 contains the long and short titles of the legislation.

Section 2 amends the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of Board positions for professional members be filled by residents of the District; the Chairperson and the consumer members of each Board must be District residents; requires that all professional members be license for the health occupation regulated by the Board and engaged in the practice of the health occupation for at least 3 years preceding appointment; requires that all non-resident professional members continue to practice that health occupation in the District while they are members of the Board, have a physical practice or be employed physically in the District for at least 20 hours per week, and demonstrate that their practice is not primarily telehealth. Section 2 also requires MOTA to conduct an annual audit of Health Professional Board members to confirm they meet eligibility criteria.

Section 3 repeals Section 301, the subject to appropriations provision, of the Opioid Litigation Proceeds Amendment Act of 2022, effective March 10, 2023 (D.C. Law 24-315; 70 DCR 838).

Section 4 contains the fiscal impact statement.

Section 5 contains the effective date.

X. COMMITTEE ACTION

On September 26, 2023, the Committee on Health convened a mark-up at 1:07pm on B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023." Present and voting were Chairperson Christina Henderson and Councilmembers Charles

Allen, Brianne K. Nadeau, and Zachary Parker. Chairperson Henderson gave a description of B25-0312 before opening the floor for comments from the members.

Councilmember Parker acknowledged that he co-introduced this legislation, but stated that since then he had heard from at least one Ward 5 resident and others who were concerned with packing Boards with non-District residents. He stated that he plans to vote Present, but wanted to applaud the balance that the Committee tried to strike with additional eligibility requirements for non-resident Board members. He stated that he thought the requirement the non-resident Board members show that they are practicing in person in the District for at least 20 hours per week, in particular, will help mean that people with meaningful connections to the District are appointed.

Chairperson Henderson responded, clarifying that the bill's intent is not to pack Boards with non-residents, and in fact does not require any non-residents to serve on the Boards. Instead, the bill gives some extra flexibility when the Executive is having trouble identifying potential Board members. She noted that these are volunteer positions that are not paid, but they require several hours of time every month during and in between meetings.

Councilmember Allen commented that this bill does raise the tension of how the Council should find the right path forward to get as many DC residents as possible to serve on Commissions. However, he noted that this is really challenging across many sectors of the District's workforce, stating that more than 80% of fire fighters and paramedics, and 50% of teachers, are not District residents. He states that while these are essential jobs, the Council could not limit this positions to just residents and still have an adequate workforce. He stated that while the Council has a shared goal of all Board members being DC residents, he acknowledges there are going to be times when someone who is qualified and happy to serve is not a resident, and it's impossible to find DC residents to fill those roles. He commended the Committee on the extra eligibility requirements, including the 20 hours of in person-practice and annual review by MOTA, and believes these will guarantee all Board members have a meaningful connection to the District.

Councilmember Henderson also explained that the bill exludes health professionals from Boards who are mostly doing telehealth, and that each of the Boards has an executive director who is staff at DC Dealth, so DC Health will also be able to keep tabs on eligibility of non-residents.

Councilmember Parker then asked how the Mayor's team does outreach to recruit Board members.

Councilmember Henderson responded that she had met with the Director of the Mayor's Office of Talent and Appointments over the summer and had expressed her concerns about the slow movement of nominees and high number of vacancies on the Health Licesing Boards. She mentioned that for one of the Boards, there had been only one member who was seconding her own motions and voting. She stated that in addition to MOTA, DC Health also does quite a bit of sourcing and outreach, including talking to current Board members about reaching out to their networks, and considering what specific areas of expertise are missing from the Boards. For

example, DC Health had just successfully recruited an OBGYN physician to the Board of Medicine to lead its maternal and infant health committee. But she stated that it is difficult in areas where there are only 11 people who are licensed on Boards like podiatry.

Chairperson Henderson then moved for block approval of the Committee Print and the Committee Report of B25-0312. The Committee voted 3 Yes and 1 Present to approve the Committee Print and the Committee Report. The meeting was adjourned at 1:36pm.

Yes: Henderson, Nadeau, Allen

Present: Parker

No: 0

XI. ATTACHMENTS

A. B25-0312 as introduced, with Councilmember Henderson's Statement of Introduction, and Referral Memo
B. Written public testimony submitted to the Committee on Health
C. Racial Equity Impact Assessment
D. Fiscal Impact Statement
E. Legal sufficiency determination
F. Comparative Print of B25-0312
G. Committee Print of B25-0312

ATTACHMENT
A

COUNCIL OF THE DISTRICT OF COLUMBIA
The John A. Wilson Building
1350 Pennsylvania Avenue, nw
Washington, D.C. 20004

Christina Henderson
Councilmember, At-Large
Chairperson, Committee on Health

Committee Member
Hospital and Health Equity
Judiciary and Public Safety
Transportation and the Environment

Statement of Introduction on the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023
June 2, 2023

Today, along with Councilmember Zachary Parker, I am proud to introduce the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023." This legislation would amend the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of Health Professional Licensing Board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board, and to require that the professional members of each Board be licensed for the health occupation regulated by the Board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment. The bill also requires that members who are not District residents be engaged in the practice of the health occupation regulated by the Board in the District while they are members of the Board.

Currently, the D.C. Code requires that all members of Health Professional Licensing Boards administered by DC Health be District residents. This requirement, while laudable in spirit, has created challenges for the District to fill all Board seats, particularly for Boards where a significant percentage of health professionals under their jurisdiction do not live in the District. To illustrate how common this problem is, I am including below a table from DC Health's Fiscal Year 2022 Performance Oversight Post-Hearing Responses on the percentage of health professionals under the Health Professional Licensing Boards who live in the District. As seen in the table, none of these Boards have more than 40% District residents, with one Board where only 8% of its health professionals are District residents. On average, only 19% of health professionals licensed under these Boards are District residents.

Percent of Licensees who are District Residents:

Health Professional Licensing Board	Percentage living in DC
Board of Audiology and Speech-Language Pathology	31%
Board of Chiropractic	23%
Board of Dentistry	26%
Board of Dietetics and Nutrition	20%
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Board of Massage Therapy	39%
Board of Medicine	24%

Board of Nursing	14%
Board of Occupational Therapy	20%
Board of Optometry	14%
Board of Pharmacy	15%
Board of Physical Therapy	30%
Board of Podiatry	8%
Board of Professional Counseling	29%
Board of Psychology	32%
Board of Respiratory Care	11%
Board of Social Work	26%
Board of Veterinary Medicine	31%
Average	**19%**

This has led to persistently high vacancy rates for many of the Boards. For example, the Board of Medicine has 15 seats and 7 vacancies; the Board of Nursing has 11 seats and 5 vacancies; and the Board of Psychology has 5 seats and 2 vacancies. Board vacancies not only mean that less perspectives are considered for key licensing decisions; they also mean that sometimes Boards cannot establish quorum to conduct business before the Board, which in turn can slow down the issuance of health professional licenses.

To address this persistent problem, this legislation would change the requirement to only require that 50% of seats held by professional members of Health Professional Licensing Boards be held by District residents. The bill would not change the current requirement that all consumer members of these Boards be District residents and would still require that the chairperson of the Board be a District resident. The legislation would also require that all professional members be licensed for the health occupation regulated by the Board on which they serve and engaged in the practice of the health occupation in the District for at least 3 years preceding appointment. Members who are not District residents will also be required to continue practicing the health occupation covered by the Board in the District while they are members of the Board.

This change will strike the right balance of increasing the District's ability to recruit qualified health professionals serving District residents for our Health Professional Licensing Boards, while still ensuring that the majority of Board members are District residents and that all residents can illustrate their commitment to the health care services provided to District residents.

I look forward to working with my colleagues to move this legislation forward and improve health and safety for District of Columbia students.

Councilmember Zachary Parker

Councilmember Christina Henderson

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board; to require that the professional members of each board be licensed for the health occupation regulated by the board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment; to require that members who are not District residents be engaged in the practice of that health occupation in the District while they are members of the Board; and to require that the consumer members of each board and the chairperson of the Board be District residents.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023."

Sec. 2. Section 401 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.01), is amended as follows:

(a) Subsection (a) is amended to read as follows:

"(a)(1) The consumer members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

"(2) At least 50% of board positions designated for professional members shall be filled by residents of the District at the time of their appointments and while they are members of the board.

"(3) The chairperson of each board must be a District resident.".

(b) Subsection (b)(1) is amended to read as follows:

"(b)(1) Each professional member of a board, in addition to the requirements of subsection (a) of this section, shall:

"(A) Have been licensed for the health occupation regulated by the board and engaged in the practice of the health occupation regulated by the board in the District for at least 3 years preceding appointment; and

"(B) For members who are not District residents, be engaged in the practice of that health occupation in the District while they are members of the board.".

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : Nyasha Smith, Secretary to the Council

Date : Monday, June 5, 2023

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Friday, June 02, 2023. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023", B25-0312

INTRODUCED BY: Councilmembers Henderson and Parker

The Chairman is referring this legislation to the Committee on Health.

Attachment
cc: General Counsel
Budget Director
Legislative Services

ATTACHMENT
B

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 Pennsylvania Avenue, NW, Washington, DC 20004 REVISED

COUNCILMEMBER CHRISTINA HENDERSON, CHAIRPERSON
COMMITTEE ON HEALTH
ANNOUNCES A PUBLIC HEARING

ON

B25-0073, the "Ambulatory Surgical Facility Amendment Act of 2023;"

B25-226, the "Access to Emergency Albuterol & Glucagon Amendment Act of 2023;"

AND

B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023"

ON

Thursday July 13, 2023, 10:00 a.m.
Virtual Meeting via Zoom Video Conference Broadcast
To Watch Live:
https://dccouncil.gov/council-videos/
https://www.christinahendersondc.com/live
https://www.youtube.com/@cmchenderson

Councilmember Christina Henderson, Chair of the Committee on Health, announce a hearing on B25-0073, the "Ambulatory Surgical Facility Amendment Act of 2023;" B25-226, the "Access to Emergency Albuterol & Glucagon Amendment Act of 2023;" and B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023." The hearing will be held at 10:00 a.m. on Thursday July 13, 2023.

The purpose B25-73 is to amend the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 to update the definitions for ambulatory surgical facility and ambulatory surgery and repeal the requirement that the regulations list all procedures that may only be performed in an ambulatory surgical facility.

The purpose of B25-226 is to require OSSE to create an action plan that authorizes schools to possess and administer undesignated albuterol (asthma) and glucagon (diabetes) in emergencies. It would also require schools to have at least 2 doses of each drug and require at least 2 school staff to be trained in administering these drugs.

The purposed of B25-312 is to require that at least 50% of Health Professional Licensing Board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board. It also requires that the professional members of each Board be licensed for the health occupation regulated by the Board on which they sit and engaged in the practice of that health occupation in the District for at least 3 years preceding their appointment. It also requires that members who are not District residents be engaged in the practice of the health occupation regulated by the Board in the District while they are members of the Board.

Those who wish to testify must register at http://bit.do/HealthHearings by 5:00 p.m. on Tuesday July 11. Those representing an organization will have 5 minutes to speak. All other witnesses will have 3 minutes to peak. Witnesses who anticipate needing spoken language interpretation, or require sign language interpretation, are requested to inform the Committee office of the need as soon as possible but no later than five business days before the proceeding. We will make every effort to fulfill timely requests, although alternatives may be offered. Requests received in less than five business days may not be fulfilled. If you have additional questions, please email Ashley Strange, Legislative Assistant at astrannge@dccouncil.gov.

The hearing will be conducted virtually on the Internet utilizing Zoom video conference technology. Testimony should be submitted in writing to astrange@dccouncil.gov in advance of the hearing. If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Statements for the record should be submitted to astrange@dccouncil.gov. The record will close at 5:00pm on Thursday, July 27, 2023.

This notice has been revised to include the addition of a bill, B25-0312 - Health Professional Licensing Boards Residency Requirement Amendment Act of 2023

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
NOTICE OF PUBLIC HEARING
1350 Pennsylvania Avenue, NW, Washington, DC 20004 REVISED

COUNCILMEMBER CHRISTINA HENDERSON, CHAIRPERSON
COMMITTEE ON HEALTH
ANNOUNCES A PUBLIC HEARING

ON

B25-0073, the "Ambulatory Surgical Facility Amendment Act of 2023;"

B25-226, the "Access to Emergency Albuterol & Glucagon Amendment Act of 2023;"

AND

B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023"

ON

Thursday July 13, 2023, 10:00 a.m.
Virtual Meeting via Zoom Video Conference Broadcast
To Watch Live:
https://dccouncil.gov/council-videos/
https://www.christinahendersondc.com/live
https://www.youtube.com/@cmchenderson

Witnesses

Access to Emergency Albuterol & Glucagon Amendment Act

1. Rachel Johnston, Senior Director of Operations and School Support, DC Charter School Alliance

2. Dr. Andrea Boudreaux, Executive Director, Children's National Hospital

3. Shilpa Patel, Medical Director, IMPACT DC Asthma Clinic, Children's National Hospital

Health Professional Licensing Boards Residency Requirement Amendment Act

1. Leah Castelaz, Policy Attorney, DC's Children's Law Center
2. Melissa Millar, Policy Director, Tzedek DC
3. Kurt Gallagher, Executive Director, DC Dental Society

Ambulatory Surgical Facility Amendment Act

1. Serina Floyd MD, MSPH, FACOG, Chief Medical Officer, Planned Parenthood of Metropolitan Washington, DC

Government Witnesses

1. Tia Brumsted, Assistant Superintendent, Office of the State Superintendent of Education
2. Ranada Cooper, Associate Director for the Office of Health Facilities in the Health Regulation and Licensing Administration, DC Health
3. Robin Diggs Perdue, Interim Senior Deputy Director of the Community Health Administration, DC Health
4. Aisha Nixon, MPT, CPM, Associate Director, Office of Health Professional Licensing Boards, DC Health

District of Columbia Behavioral Health Association
PO Box 33515
Washington, DC 20033-0515
202-929-3757

Statement for the Record of the District of Columbia Behavioral Health Association
For the Hearing On
B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023"

Held Before the District of Columbia Council Committee on Health
July 13, 2023

Chairperson Henderson and Members of the Council,

Thank you for the opportunity to add this statement to the record. My name is Mark LeVota. I am the Executive Director of the District of Columbia Behavioral Health Association and a Ward 2 homeowner. The District of Columbia Behavioral Health Association works to advance high-quality, whole-person care for all District residents with mental illness or substance use disorders, including the 30,000 District residents our 31 member organizations serve annually. The hearing held July 13, 2023 concerns a sensible legislative adjustment to address a meaningful barrier to sound regulation of the District's health professional workforce.

The District faces substantial healthcare workforce challenges. Information shared during public sessions of the Mayor's Healthcare Workforce Task Force shared alarming workforce trends among healthcare provider organizations that belong to the District's major healthcare provider associations. Surveys across hospitals, skilled nursing facilities, federally qualified health centers and community health clinics, developmental and intellectual service provider organizations, and behavioral health provider organizations yielded reports of approximately one in five positions being vacant in clinical and non-clinical roles. Health professional licensing board turnaround times for applications ranged from 13 to 84 days in FY 21 and from 29 to 85 days in FY 22, with an average wait of 49 days in FY 21 and 65 days in FY 22. Omitting veterinary medicine, that range narrows from 35 to 84 days in FY 21 and from 63 to 85 days in FY 22, with an average wait of 56 days in FY 21 and 72 days in FY 22. Omitting the days that some responsibility fell on applicants to provide additional documentation or background checks, DC Health took an average of 25 business days in FY 21 and FY 22 to process license applications. Added to the 90 – 120 days that health insurance plans are permitted to take to panel and credential health professionals, someone applying for a license, registration, or certification is up to 205 days away from being available to work in most District healthcare settings, and on average, if health plans credential most people within 30 days, 102 days away from being available to work.

As the Councilmembers who introduced this legislation rightly recognized, any steps that can be taken to reduce the number of business days the District government takes for its internal processing of health professional applications are beneficial. Changing the requirements for appointment of professional members to Health Professional Licensing Board positions is a prudent action to support that goal, and to contribute to other goals relevant to the District's regulation of health professionals.

As one of the voting members of the Mayor's Healthcare Workforce Task Force, and as the chair of its committee that addressed recruitment and retention issues for the District's existing healthcare workforce, I was pleased that the full task force adopted a recommendation from the committee that I chaired endorsing an approach consistent with the Council's proposed action in this legislation. While the task force report has not been issued, review of the record from a public meeting of the task force on February 1, 2023 will confirm that the task force approved by vote a recommendation to "Allow for certain non-District residents to be considered for health professional licensing board membership." Text explaining that recommendation circulated to Task Force members for their review before the vote further indicated that, "The District should allow any individuals, including non-District residents, to be considered for health professional licensing board membership. For board seats that require licensure, registration, or certification, non-residents should hold current DC licensure, registration, or certification. Non-resident candidates should be able to demonstrate that they practice in the District." Without speaking on behalf of the Task Force, I believe the legislation includes provisions that adopt each of the elements mentioned.

I would like to offer three additional comments.

First, the legislation could be strengthened by removing the residency requirement for any positions other than at least fifty-percent health professional members, plus 100% District residency for recipients of health services or family members of recipients of health services. Some of the District's health professional licensing boards have positions for people other than health professionals and recipients or family members. The District has professional patient or consumer advocacy organizations, legal services providers, and academic scholars in many areas of public health or specialized healthcare practice. Not all of these individuals are District residents, but so long as they can show that they are engaged in their own respective areas of professional practice and have been so in the District for at least three years, it would be consistent with this legislation to allow some or all positions that might be held by such professionals to be open, at least for consideration of applicants, both to District residents and to non-District residents. Since there is rarely a large number of these seats, a 50% requirement could be effectively a 100% requirement, which is why removing the requirement entirely for these positions is a better approach than matching the 50% requirement proposed for health professionals. This would do nothing to undermine the importance of voices from District residents provided by those who are recipients of health services and their families and could provide valuable expertise.

Second, the Council should not be persuaded against adopting the proposed legislation due to concerns about diluting understanding of the needs of District residents. The three years of practice experience plus requirement for continuous practice experience already anticipates and helps to offset these concerns. The Council should also take into consideration that many of the currently licensed health professionals who are not residents of the District have at some point in time resided in the District, including District natives and others who reside outside the District because they cannot afford to live in the District. The unfortunate reality is that low-paid health professionals frequently choose to live outside the District because that is where they can match their living preferences other than residency with their incomes. Since white health professionals still out-earn Black health professionals, this also leads to more Black health professionals, including native Washingtonians, living outside the District, while white health professionals who are not native or long-time Washingtonians are more likely to live in the District. Selection of health professionals for Health Licensing Board positions should allow the possibility for native and other previously long-time Washingtonians to share that experience as part of their applications, even if they currently are not District residents.

Third, there are advantages outside meeting quorum requirements and other procedural issues to allowing Health Licensing Board positions to be filled by a mix of District residents and non-District residents. As mentioned above, racial and socioeconomic diversity and inclusion of native or long-time previous Washingtonians can contribute to a better mix of perspectives among Board members. Additionally, non-District residents who primarily live outside the District because of a perception that living outside the District is more affordable may be more likely to practice in settings more likely to serve District residents who have greater care needs or a greater number of health related social needs. For example, when behavioral health boards' health professional member seats are primarily filled by people in private practice, who do not accept Medicaid in their private practices, neither the day-to-day needs of the majority of the behavioral health workforce nor the day-to-day needs of the two of five District residents who are Medicaid beneficiaries are priority considerations for Board members. Having Board health professional positions open to where the workforce that serves all District residents lives will better reflect the realities of practice in the District for all District residents.

Thank you again for the opportunity to add this statement to the records. I would welcome an opportunity to answer any questions that you might have.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Public Hearing on

B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023"

Testimony of
Aisha Nixon, MPT, CPM
Associate Director, Office of Health Professional Licensing Boards
Health Regulation and Licensing Administration

Before the
The Committee on Health
Council of the District of Columbia
The Honorable Chairwoman Christina Henderson

Thursday, July 13, 2023
10:00 AM
The John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Good morning, Chairwoman Henderson, Councilmembers, and staff of the Committee on Health. My name is Aisha Nixon, and I am the Associate Director for the Office of Health Professional Licensing Boards within the District of Columbia Department of Health's (DC Health). On behalf of Mr. Keith Fletcher, Interim Director of DC Health, I am pleased to offer testimony on B25-0312, the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023." We appreciate Council's support and attention as we work to overcome barriers to identifying and appointing qualified members to the District's health licensing boards.

DC Health has 19 health professional licensing boards that oversee over 80,000 licensed health professionals from 72 professions. These board members do the important – and time consuming and uncompensated – work of regulating their professions to ensure standards of care are up to date and that patients are protected. They also engage in educational and outreach activities as well as interprofessional activities across boards and with DC Health's administrations. However, over the past several years, we have seen an increase in retirements and departures of board members due to the pandemic and aging of the workforce. We have also seen fewer interested health professionals approach the boards due to burnout in health professions, which has required the board members and board staff to do more proactive recruitment. This has resulted in an increase in vacancies which in turn requires the remaining board members to do more work with less support from other board members. In addition, the increasingly high turnover in healthcare professionals – particularly nurses through staffing agencies – has increased the workload of board staff and board members.

Name	Vacancies	Consumer Vacancies	Professional Vacancies
Board of Audiology and Speech-Language Pathology	4	2	2
Board of Chiropractic	2	0	1
Board of Dentistry	2	0	2
Board of Dietetics & Nutrition	1	0	1

Board of Long-Term Care Administration	5	0	5
Board of Marriage and Family Therapy	3	1	2
Board of Massage Therapy	2	0	2
Board of Medicine	7	3	4
Board of Nursing	3	2	1
Board of Occupational Therapy	3	1	2
Board of Optometry	1	0	1
Board of Pharmacy	2	2	0
Board of Physical Therapy	3	1	2
Board of Podiatry	1	0	1
Board of Professional Counseling	4	1	3
Board of Psychology	2	0	2
Board of Respiratory Care	2	1	1
Board of Social Work	1	0	1
Board of Veterinary Medicine	0	0	0
Total	**48**	**14**	**33**

These challenges have resulted in the current total of 48 vacancies across 18 of our 19 licensing boards. These vacancies are primarily for professional members – we have 33 vacancies for health professionals and 14 for consumer members as well as one vacancy for the Director of DC Health's designee. Roughly a third of those health professional member vacancies have an identified nominee who is currently in the pipeline between the Mayor's Office of Talent and Appointments (MOTA) and Council's approval and appointment. If those members are seated, we have 23 professional vacancies across all 19 boards – and only one board (Long Term Care Administration) would have more than two professional vacancies. That does, however, assume that no other board members will leave or be termed out. We anticipate several departures, as is normal, over the coming months and years.

Currently, just under 19% of licensees under the health professional boards are District residents. The percentage for each board ranges from a high of 39% of Board of Massage Therapy licensees being District residents to only 8% of Board of Podiatry licensees being District

residents. This presents a significant challenge to identifying and nominating board members since the pools of licensees for some boards is small.

This legislation aims to address the above challenges in finding and retaining qualified board members by providing the Mayor with increased flexibility in appointing individuals to healthcare licensing boards. Under current statute, all members of licensing boards must be District residents regardless of where they engage in practice of their profession. This legislation would allow up to half of board members to live in another jurisdiction if they are licensed in good standing in the District for at least the preceding three years and "be engaged in the practice of that health occupation in the District while they are members of that board."

However, should the Council move forward with this legislation, there are several changes that we believe are necessary for successful implementation while ensuring that all board members are meaningfully connected to the District and District patients. First, we believe that the allowance for up to half of professional members to residents of jurisdictions beyond the District is arbitrary and may cause confusion. For example, should a small board of four professional members, two residents and two non-residents, suddenly lose one resident member, it is unclear if that board would be able to function. We recommend providing the Mayor with the flexibility to have non-residents as board members without a number as it is extremely unlikely that MOTA will solicit non-resident board members except for when no qualifying or willing district residents are available. Therefore, there should be no concerns about a board being made up of primarily non-residents. Second, there must be clarity in what "engaged in the practice of that health occupation in District" means. All non-resident members should have a physical practice or employed physically in the District – and they should be working at least 20 hours per week (approximately the same amount required for part-time participation in our health professional loan repayment

program). Third, there should be safeguards to ensure that members do not engage only in telehealth. We believe no board member who does not live in the District should be engaged primarily in telehealth. Finally, there should be some requirement for the MOTA to audit these non-residents. With a larger pool of individuals, it will be important to ensure that all members comply with these requirements. With these four clarifications, we believe this bill can still meet its intended purpose while ensuring that the non-resident members are meaningfully connected to the District and our residents.

We acknowledge the need for innovative solutions to filling health professional licensing board vacancies and appreciate the Council's attention to this important topic. We also are hopeful that our revisions to the Health Occupations Revision Act (HORA) that are coming this fall, should address some of the board membership concerns and look forward to continuing this discussion when Council returns from recess. Thank you for providing me with the opportunity to testify and I am available to respond to any questions the Committee may have.

ATTACHMENT
C

BILL 25-0312 **COMMITTEE PRINT**

RACIAL EQUITY IMPACT ASSESSMENT

HEALTH PROFESSIONAL LICENSING BOARDS RESIDENCY REQUIREMENT AMENDMENT ACT OF 2023

TO: The Honorable Phil Mendelson, Chairman, Council of the District of Columbia
FROM: Namita Mody, Director, Council Office of Racial Equity
LEAD ANALYST: Rolando Cuevas, Racial Equity Analyst
DATE: September 26, 2023

COMMITTEE

Committee on Health

BILL SUMMARY

Bill 25-0312 changes the board member requirements for DC health occupation boards (such as the Board of Dentistry). Specifically, the bill 1) reduces the number of professional board members who must live in DC from 100% to 50% per board and 2) creates eligibility criteria for non-resident professional board members.

CONCLUSION

Bill 25-0312 will have an inconclusive impact on the lives of Black, Indigenous, Latine and other residents of color.

Content Warning: The following content touches on racism, and labor discrimination, and occupational segregation. Some or all of these issues may trigger a strong emotional response. We encourage you to use this knowledge in the way that is most helpful to you.

DOCUMENT OVERVIEW

The document you are about to read is a Racial Equity Impact Assessment, a careful and organized examination of how Bill 25-0312 will affect different racial and ethnic groups. In other words, this assessment answers the question, "If Bill 25-0312 passes, how will it impact Black, Indigenous, and other residents of color in the District of Columbia?"

During Council Period 25 (from 2023-2024), the Council Office of Racial Equity can write up to two Racial Equity Impact Assessments (REIAs) while the Council is considering a bill. First, we can write a REIA that analyzes the introduced version of the bill. We publish this REIA following the public hearing. If the committee decides to move the bill forward, we can also write a second REIA that analyzes the committee print (the updated bill after feedback). The REIA on the committee print is published ahead of the committee vote (called the markup).

For this bill, we have only written one REIA (analyzing the committee print) due to the timing of the bill's hearing in relation to the committee vote.

BILL SUMMARY

We hope this overview of terms provides helpful context for the bill and our discussion of the bill's racial equity impacts.

FIGURE A RELEVANT TERMS FOR BILL 25-0312

TERM	DEFINITION
Health Occupation Board	A group of health care professionals and consumers with legal authority to regulate a particular health care profession (such as medicine, dentistry, nursing, etc.). Generally, this includes setting health and practicing standards, and providing licenses for people to practice the health profession.
Professional Board Member	A person on a health occupation board who has three years of experience in a health occupation that is regulated by the board they serve. (source)
Consumer Board Member	A person on a health occupation board who *is not* a health care professional or *is not* training to become a health care professional. They also do not have household members who are—or are training to be—health care professionals. (source)

The following content summarizes Bill 25-0312 in plain language for the purposes of discussion. This explanation is not a substitute for reading the bill, or if passed, the law. Mentions of "bill" throughout this REIA refer to the committee print unless otherwise stated.

The bill changes requirements for professional board members serving on health boards in DC. There are two types of board members: 1) professional board members, and 2) consumer board members.

Currently, 100% of board members (professional and consumer) must be DC residents. If the bill passes, at least 50% of professional board members on each health board would have to be DC residents. All consumer board members would still have to be DC residents.

Bill 25-0312 requires *non-DC resident* professional board members to:

- actively practice the health occupation regulated by the board they serve,
- have a physical practice in DC or physically work in the District for at least 20 hours per week, and
- demonstrate that their practice is primarily physical (not telehealth).

Current law requires professional board members to have three years of experience in the health occupation that falls under their respective health board. For example, a professional board member on the Board of Nursing would need to have three years of experience working in nursing. The bill does not change this requirement.

The bill requires the Mayor's Office of Talent and Appointments to verify the qualifications and eligibility of all health board members.

For reference, Figure B highlights some of the major changes that Bill 25-0312 makes to current law. Please note that not all changes are listed.

FIGURE B

CURRENT LAW	COMMITTEE PRINT
100% of all board members of each health board must be District residents	At least **50% of professional board members** of each health board must be District residents. **100% of consumer board members** of each health board must be District residents. **The chairperson** of each board must be a District resident.
Not mentioned	**Non-DC resident professional board members** must: 1) actively practice the health occupation under the board they serve, 2) must have a practice in DC or physically work in DC for at least 20 hours per week, and 3) prove that their work is not primarily telehealth.

BACKGROUND

To analyze the racial equity impacts of this bill, it is critical to understand the context surrounding the issue as well as data on current racial inequities. Below, we summarize research on health occupation boards, health occupation board vacancies, and health professionals and race.

Of course, we have not captured all relevant information related to these topics. We encourage you to dive further into the research on your own or by using the linked footnotes as a starting point.

Health Occupation Boards in the District

The District has 19 health occupation boards. They cover each of the following:

- Audiology and Speech-Language Pathology
- Chiropractic
- Dentistry
- Dietetics and Nutrition
- Long-Term Care and Administration
- Marriage and Family Therapy
- Massage Therapy
- Medicine
- Nursing
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Podiatry
- Professional Counseling
- Psychology
- Respiratory Care
- Social Work
- Veterinary Medicine

These boards are responsible for regulating their particular health care profession (such as medicine, dentistry, nursing, etc.). Generally, this includes setting health and practicing standards, and providing licenses for people to practice that health profession in DC. Collectively, these boards oversee over 80,000 health professional licenses across 72 professions.[1]

Health board members are appointed by the Mayor and approved by the DC Council. Board member positions are voluntary, meaning they do not get paid or compensated for their work.

Health Occupation Board Vacancies

There are 113 board member positions across all 19 health occupation boards. Most boards have between three and seven board members, except for the Board of Medicine (15) and Board of Nursing (11).[2] According to testimony from the DC Department of Health, currently there are 48 vacancies[3]—meaning that only 60% of board membership positions are filled. Of these vacancies, 33 are for professional board member positions.

During the bill's hearing, the DC Department of Health stated that these vacancies are due to DC residency requirements for board member positions, the demanding work in the role, burnout from health care occupations, and a lack of compensation.[4]

Notably, on average, only 19% of health professionals licensed under DC health occupation boards are DC residents.[5] This means that current health board requirements only allow 1 in 5 health professionals operating in DC to serve as health board members.

Processing licenses is one of the primary roles of health board members. In FY2023, they processed nearly 4,000 new licenses and renewed roughly 23,000. On average, it took 18 days to process one application.[6] DC's licensing delays are not unique. However, across the US, week to month-long licensing delays result in less access to health care.[7]

Health Professionals and Race

In the US, Black, Indigenous, and Latine people are underrepresented in licensed health occupations. [8] Specifically, a study analyzing demographics across 10 health occupations in the US found that, on average, 6% of workers in these professions identified as Black—for context, Black workers make up 12% of the working age population.[9] Similarly, Latines were 6% of health workers despite 18% of the working age population being Latine.

DC has similar racial inequities in health occupations, though the size of the inequities varies across professions. For example, 43% of working-age DC residents are Black,[10] and nearly 17% of physicians[11] in DC are Black and 30% of dentists are Black.[12]

Notably, racial inequities across health occupations in the US are in part due to a history of organized medicine and health boards denying licenses to Black health care professionals and any Black people seeking to become health care professionals.[13]

RACIAL EQUITY IMPACTS

Bill 25-0312 will have an inconclusive impact on the lives of Black, Indigenous, Latine and other residents of color. The bill's changes to residency requirements increases the pool of eligible board members. This would likely decrease the number of current and future vacancies. However, it is uncertain if board vacancies are a main reason for licensing delays. For example, it is possible that application processing systems or other factors could be the reasons for license application delays. Ultimately, decreasing barriers to health licensing and increasing the number of health care professionals would have a more conclusive impact on the lives of Black, Indigenous, and other residents of color.

Additionally, it is unclear how changing this residency requirement would impact the representation of Black, Indigenous, and Latine interests in health boards. We do not have racial and ethnic data on the composition of health boards in DC. However, given racial inequities in health occupations, it is likely that white people are overrepresented. It is unclear if allowing non-resident health professionals would improve or worsen the representation of interests of residents of color on health boards. Notably, increasing the share of Black health professionals can improve health outcomes for Black residents.[14]

ASSESSMENT LIMITATIONS

Alongside the analysis provided above, the Council Office of Racial Equity encourages readers to keep the following limitations in mind:

We generally do not provide policy solutions or alternatives to address our racial equity concerns. While Council Period 25 Rules allow our office to make policy recommendations, we focus on our role as policy analysts—we are not elected policymakers or committee staff. In addition, and more importantly, racially equitable policymaking takes time. We would need more time to ensure comprehensive research and thorough community engagement inform our recommendations.

Assessing legislation's potential racial equity impacts is a rigorous, analytical, and organized undertaking—but it is also an exercise with constraints. It is impossible for anyone to predict the future, implementation does not always match the intent of the law, critical data may be unavailable, and today's circumstances may change tomorrow. Our assessment is our most educated and critical hypothesis of the bill's racial equity impacts.

Regardless of the Council Office of Racial Equity's final assessment, the legislation can still pass. This assessment intends to inform the public, Councilmembers, and Council staff about the legislation through a racial equity lens. If a REIA is issued for a bill, committees must summarize and respond to the assessment in their committee report (contextualizing the legislation). Committee reports can be found via the Legislative Information Management System (LIMS) after a bill's mark up.

If a REIA identifies a negative impact on racial equity, the bill may be placed on the non-consent agenda at the next legislative meeting. However, a REIA is not binding.

This assessment aims to be accurate and useful, but it is unlikely that we will raise *all* relevant racial equity issues present in a bill. An omission from our assessment should not: 1) be interpreted as a provision having no racial equity impact or 2) invalidate another party's racial equity concern.

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[1] Public Hearing for B25-0312, testimony from the DC Department of Health, Office of Health Professional Licensing Boards, July 13, 2023.
[2] DC Department of Health. "Licensing Boards." Accessed September 2023.
[3] Public Hearing for B25-0312, testimony from the DC Department of Health, Office of Health Professional Licensing Boards, July 13, 2023.
[4] Ibid.
[5] Councilmember Christina Henderson, "Statement of Introduction on the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023," June 2, 2023.
[6] Public Hearing for B25-0312, testimony from the DC Department of Health, Office of Health Professional Licensing Boards, July 13, 2023.
[7] Kaplan, Adiel. "'A Real Crisis': License Backlogs in Some States Prevent Health-Care Workers from Seeing Patients." NBC News, February 12, 2022.
[8] Salsberg, Edward, Chelsea Richwine, Sara Westergaard, Maria Portela Martinez, Toyese Oyeyemi, Anushree Vichare, and Candice P. Chen. "Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce." JAMA Network Open 4, no. 3 (March 31, 2021): e213789.
[9] Ibid.
[10] US Census Bureau. "Census Bureau Table S2301: Employment Status," American Community Survey 1-Year Estimates, Accessed September 2023.
[11] "2021 State Physician Workforce Data Report." Association of American Medical Colleges, January 2022.
[12] American Dental Association. "US Dentist Demographics." Accessed September 2023.
[13] Baker, Robert B. "The American Medical Association and Race." AMA Journal of Ethics 16, no. 6 (June 2014): 479–88.
[14] Alsan, Marcella, Owen Garrick, and Grant C. Graziani. "Does Diversity Matter for Health? Experimental Evidence from Oakland." Working Paper. Working Paper Series. National Bureau of Economic Research, June 2018.

ATTACHMENT
D

Government of the District of Columbia
Office of the Chief Financial Officer

Glen Lee
Chief Financial Officer

MEMORANDUM

TO:	**The Honorable Phil Mendelson** **Chairman, Council of the District of Columbia**
FROM:	**Glen Lee** **Chief Financial Officer**
DATE:	**September 25, 2023**
SUBJECT:	**Fiscal Impact Statement – Health Professional Licensing Boards Residency Requirement Amendment Act of 2023**
REFERENCE:	**Bill 25-312, Draft Committee Print as provided to the Office of Revenue Analysis on September 6, 2023**

Conclusion

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill.

Background

Currently all professional members serving on a Health Professional Licensing Board (HPLB), such as the Board of Medicine, Board of Nursing, and Board of Dentistry, must be District residents. This requirement limits the pool of professionals that are eligible to serve on HPLBs. The majority of health professionals licensed to practice in the District reside outside of the District which makes vacancies difficult to fill.

The bill changes[1] residency requirements for HPLBs by requiring that at least 50 percent of professional members on each HPLB be District residents. Professional members must be licensed for the health occupation regulated by the board or advisory committee on which they sit and must be engaged in the practice of that health occupation in the District for at least three years preceding their appointment. The bill also requires that members who are not District residents be engaged in the practice of the health occupation regulated by the board or advisory committee on which they sit; have a physical practice or be employed physically in the District for at least 20 hours per week;

[1] By amending Section 401 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.01).

and demonstrate that their practice in the District is not primarily through telehealth. The Mayor's Office of Talent and Appointments (MOTA) must verify, on an annual basis, the statutory qualifications of the appointed members of a board or advisory committee.

Financial Plan Impact

Funds are sufficient in the fiscal year 2024 through fiscal year 2027 budget and financial plan to implement the bill. There is no cost to changing residency requirements for HPLB members. MOTA already verifies the qualifications of appointed members of a board or advisory committee. No additional resources are required to implement the bill.

ATTACHMENT
E

OFFICE OF THE GENERAL COUNSEL
Council of the District of Columbia
1350 Pennsylvania Avenue NW, Suite 4
Washington, DC 20004
(202) 724-8026

MEMORANDUM

TO: **Councilmember Christina Henderson**

FROM: **Nicole L. Streeter, General Counsel** *NLS*

DATE: **September 25, 2023**

RE: **Legal Sufficiency Determination for Bill 25-312, the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023**

The measure is legally and technically sufficient for Council consideration.

This bill would amend section 401 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.01), by requiring at least 50% of the professional members of each board to be District residents and describing additional requirements that non-District resident professional members would have to comply with.

I am available if you have any questions.

ATTACHMENT
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B25-0312
COMPARATIVE PRINT
COMMITTEE ON HEALTH

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the " District of Columbia Health Occupations Revision Act of 1985". *(*D.C. Code § 3-1201.01, *et. seq.*)

. . .

TITLE IV. General Provisions Relations to Health Occupation Boards

Sec. 401. Qualification of Members

~~(a) The members of each board shall be residents of the District at the time of their appointments and while they are members of the board.~~

(a)(1) The consumer members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

(2) At least 50% of professional members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

(3) The chairperson of each board shall be a District resident while they are a member of the board.

(b)(1) Each professional member of a board, in addition to the requirements of subsection (a) of this section, shall have been engaged in the practice of the health occupation regulated by the board for at least 3 years preceding appointment.

(1A) In addition to meeting the requirements of paragraph (1) of this subsection, each professional member of a board who is not a District resident shall:

(A) Be actively engaged in the practice of the health occupation regulated by the board in the District while they are a member of the board;

(B) Have a physical practice, or be employed, in the District in which they are physically present in the District for at least 20 hours per week; and

(C) Demonstrate that their practice in the District is not primarily through telehealth.

(2) The dietitian and nutritionist members initially appointed to the Board of Dietetics and Nutrition, the nonphysician acupuncturist member initially appointed to the Advisory Committee on Acupuncture, the anesthesiologist assistant member initially appointed to the Advisory Committee on Anesthesiologist Assistants, the physician assistant member initially appointed to the Advisory Committee on Physician Assistants, the polysomnographic technologist members initially appointed to the Advisory Committee on Polysomnography, the surgical assistant member initially appointed to the Advisory Committee on Surgical Assistants, the trauma technologist member initially appointed to the Advisory Committee on Trauma Technologists, the respiratory care members initially appointed to the Board of Respiratory Care, the social worker members initially appointed to the Board of Social Work, the professional counselor members initially appointed to the Board of Professional Counseling, the audiologist and speech-language pathologist members initially appointed to the Board, the clinical laboratory practitioner members initially appointed to the Board, the naturopathic physician member initially appointed to the Advisory Committee on Naturopathic Medicine, marriage and family therapist members initially appointed to the Board of Marriage and Family Therapy, the professional art therapist member initially appointed to the Board, and the

massage therapy members initially appointed to the Board of Massage Therapy shall be eligible for and shall file a timely application for licensure in the District. The advanced registered nurse members initially appointed to the Board of Nursing shall be licensed in the District as registered nurses, shall meet the qualifications of this chapter to practice their respective specialties, shall have practiced their respective specialties for at least 3 years preceding appointment, and shall file a timely application for certification to practice their respective specialties. The veterinary technician member initially appointed to the Board of Veterinary Medicine shall be eligible for and shall file a timely application for certification in the District.

(c) Each consumer member of a board, in addition to the requirements of subsection (a) of this section, shall:

(1) Be at least 18 years old;

(2) Not be a health professional or in training to become a health professional;

(3) Not have a household member who is a health professional or is in training to become a health professional; and

(4) Not own, operate, or be employed in or have a household member who owns, operates, or is employed in a business which has as its primary purpose the sale of goods or services to health professionals or health-care facilities.

(d) Within the meaning of subsection (c) of this section, the term “household member” means a relative, by blood, marriage, or domestic partnership, or a ward of an individual who shares the individual’s actual residence.

(e)(1) The office of a member of a board or advisory committee shall be forfeited upon the member’s failure to maintain the qualifications required by this chapter.

"(2) The Mayor's Office of Talent and Appointments shall verify on an annual basis the qualifications required by this act of the appointed members of a board or advisory committee.

(f) Each professional member of a board or advisory committee shall disqualify himself or herself from acting on his or her own application for licensure or license renewal or on any other matter related to his or her practice of a health occupation.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Opioid Litigation Proceeds Amendment Act of 2022". (Effective March 10, 2023 (D.C. Law 24-315; 70 DCR 838)).

TITLE III. GENERALPROVISIONS

Sec. 301. ~~Applicability.~~ Repealed.

~~(a) This act shall apply upon the date of inclusion of its fiscal effect in an approved budget and financial plan.~~

~~(b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in an approved budget and financial plan, and provide notice to the Budget Director of the Council of the certification.~~

~~(c)(1) The Budget Director shall cause the notice of the certification to be published in the District of Columbia Register.~~

~~(2) The date of publication of the notice of the certification shall not affect the applicability of this act.~~

ATTACHMENT
G

Committee Print
B25-0312
Committee on Health
September 26, 2023

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Health Occupations Revision Act of 1985 to require that at least 50% of board positions designated for professional members be filled by District residents at the time of their appointments and while they are members of the board, to require that professional members of a board who are not District residents be engaged in the practice of the health occupation regulated by the board in the District while they are members of the Board, and to require that the consumer members and the chairperson of each board be District residents.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Health Professional Licensing Boards Residency Requirement Amendment Act of 2023."

Sec. 2. Section 401 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1204.01), is amended as follows:

(a) Subsection (a) is amended to read as follows:

"(a)(1) The consumer members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

"(2) At least 50% of professional members of each board shall be residents of the District at the time of their appointments and while they are members of the board.

"(3) The chairperson of each board shall be a District resident while they are a member of the board.".

(b) Subsection (b) is amended by adding a new paragraph (1A) to read as follows:

"(1A) In addition to meeting the requirements of paragraph (1) of this subsection, each professional member of a board who is not a District resident shall:

"(A) Be actively engaged in the practice of the health occupation regulated by the board in the District while they are a member of the board;

"(B) Have a physical practice, or be employed, in the District in which they are physically present in the District for at least 20 hours per week; and

"(C) Demonstrate that their practice in the District is not primarily through telehealth.".

(c) Subsection (e) is amended to read as follows:

"(e)(1) The office of a member of a board or advisory committee shall be forfeited upon the member's failure to maintain the qualifications required by this act.

"(2) The Mayor's Office of Talent and Appointments shall verify on an annual basis the qualifications required by this act of the appointed members of a board or advisory committee.".

Sec. 3. Section 301 of the Opioid Litigation Proceeds Amendment Act of 2022, effective March 10, 2023 (D.C. Law 24-315; 70 DCR 838), is repealed.

Sec. 4. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.